

Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgment before publication.

Marathon Runners With Cardiovascular Disease

TO THE EDITOR: A five-year review of the cardiovascular division of the Honolulu marathon shows interesting statistics. The total number of cardiovascular finishers is 81, with a diagnostic breakdown as follows: 34 positive stress test, 30 previous myocardial infarction, 11 post-coronary-bypass surgery, 4 hypertension, 2 congenital heart disease (1 pulmonary valvotomy and 1 ventricular septal defect repair). This group includes 5 women and 76 men with an age range between 25 and 69 years.

Follow-up to date reveals three cardiac events, none related to running. CASE 1. A 54-year-old man with a previous myocardial infarction died as a passenger in a plane crash. CASE 2. A 54-year-old-man with three-vessel disease died while sleeping, and no autopsy was obtained. CASE 3. One nonfatal arrest occurred during sleep in a 51-year-old man with a previous myocardial infarction. Subsequent tests demonstrated hypokalemia which was corrected and he has since resumed training.

We are continuing follow-up on the entire group.

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Exercise and Serum Glutamic Oxaloacetic Transaminase Values

TO THE EDITOR: Several surveys have shown that 1 to 4 percent of serum specimens from outpatient populations will show elevated serum glutamic oxaloacetic transaminase (SGOT) values.¹ Causes include diseases involving tissue where this enzyme is stored, such as the liver, heart or muscle; alcohol abuse; congestive heart failure; intramuscular injections, and spurious elevations secondary to drug ingestion.¹

Therefore, physicians may occasionally see patients with unexplained SGOT elevations, and should remember the effect of *exercise* on transaminase values, especially in our increasingly health-conscious society. Studies involving young, healthy adults exercising for brief periods,² or to subjective tiredness,³ or in vigorous fashion for several days⁴ have shown an occasional elevation of the SGOT compared with control values. (The creatine phosphokinase [CPK] levels will rise also.)

An alert physician will not only question patients about their alcohol and drug habits, but also about their recent exercise pattern.

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More on the Prevalence of Amebiasis

TO THE EDITOR: In a recent letter Burdick (West J Med 129:77, July, 1978) suggests that amebiasis is an almost vanishingly rare infection in the San Francisco Bay Area. He quotes extremely low detection rates in his and other local hospitals, and cites a report from the Center for Disease Control¹ which indeed deals in part with overdiagnosis of amebic infection, but fails to mention that it also points out instances of underdiagnosis (false negatives).

Neither incidence nor prevalence of amebiasis can be ascertained from figures such as those given by Burdick. The relationship between laboratory diagnosis on clinical specimens and either incidence or prevalence of a disease depends upon a large number of factors including patient